28020314287

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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r for commercial purposes, other than using	the name and a	ddress of any political committee	e to solicit o	ontri	butie	ons fr	om suc	h co	mmitte	e.			
NAME OF COMMITTEE (In Full)													
Demint For Senate													
Full Name (Last, First, Middle Initial) Joe Crail			Date	of Re	ecei	nt							
Mailing Address 1020 Las Lomas Avenue						Date of Receipt 06 30 2008							
City	State	Zip Code		Transaction ID: 80711.C43389									
Pacific Palisades	CA	90272					ceipt th			_			
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Name of Employer Western Mutul Insurance	Occupation	1	Recei	pt									
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X Primary General Other (specify) ▼		1000.00]										
Full Name (Last, First, Middle Initial) Cameron Crawford			Date	of Re	ecei	pt				_			
Mailing Address 20 Hilton Glen Court			0 6	м ¶ /		10	/ [Ÿ		0 8	7			
City	State	Zip Code	Trans	 actio	on II	D: 80	711.C	431	44	_			
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Full Name (Last, First, Middle Initial)			Date	-6 D		int				_			
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Bradenton	FL	34203					ceipt th			_			
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